

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014002

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1003

318

3063

VS 300
Rev. 4/59

1

2 223

3

4 0

5 2

6

7 0

8 1

9

10

11

12 80-0

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Length of stay in 1b

2 1/2 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY
OR
TOWN

1 St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

1605 Missouri

Reside on Farm:

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Robert

A

Wilson

4. DATE
OF
DEATH

Month

Day

Year

March

14th

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-3-04

9. AGE (last birthday)

59 yrs

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter & decorator

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert W. Wilson

13b. MOTHER'S MAIDEN NAME

Emma Swahlstedt

14. NAME OF HUSBAND OR WIFE

Leonore Linne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

Yes

3/59 to 8/59

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

Mrs. Dolores M. Froeschner

Address

Brooklyn, New York

INTERVAL BETWEEN
ONSET AND DEATH

10 min.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute myocardial infarction

DUE TO (c)

Arteriosclerotic Heart Disease

420.0

10 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Thrombosis of aorta and Sup.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 31, 1963, to March 14, 1963, and last saw her alive on March 14, 1963

Death occurred at 2:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. J. Dwein M.D.

22b. ADDRESS

5400 Arsenal St.

22c. DATE SIGNED

3-15-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Mar. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

Hillside Cemetery

23d. LOCATION (City, town, or county)

Redlands, California

(State)

24. FUNERAL DIRECTOR'S NAME AND ADDRESS

Math. Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, Missouri

25. DATE RECD. BY LOCAL REG.

MAR 15 1963

26. REGISTRAR'S SIGNATURE

Joan Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4202

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.